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SHAMPOO ASSISTANT APPLICATION

REQUIREMENTS

- 1. FEE: \$40.00 Money Order, Cashier's/Salon Check Only. No Personal Checks.
- 2. This License must be received by Applicant before beginning work.
- 3. This License is ONLY for shampooing, cleansing or applying temporary rinse.
- 4. Proof that applicant is at least Sixteen (16) years old
- 5. One 2" x 2" current passport photo (head-and-shoulders, full frontal view). No snapshots, glamour shots or varied sizes.
- 6. Copy of current Driver's license.
- 7. Copy of Social Security card.

PLEASE PRINT

Applicant's Last Name	First Name Social Security # Email (if available)		Initial County in which you live	
Date of Birth				
(area code) phone number				
Address: Street	City		State	Zip
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No License shall be issued All Personal Licenses muto avoid a late charge of S Signature of Applicant Form Shampoo Revised 05/2012. Replaces	l for a period of more than t st be renewed by the last da 550	two (2) years te of birth month Date OFFICE USE Py Amt	in odd-num	bered years